Department of Corrections Mecklenburg Correctional Center Classification Center Intake History/Information

Inmate N	Jame: Delaney George	Number: 374390
ZINTIGEC IV	LAST / FIRST MI	DOC
Date		Signature/Title
8/4/07	Received at Mecklenburg Correctional Center for Classification from: with confidential medical records delivered to the Medical Department. Were records sealed? Yes No	
	Allergies: NVA	
	Last PPD with results: Hx Past positive.	
	Temperature: 971 Pulse: 60 Respirations: 16 Blood Pressure: 110/58 Weight: 174	
	Current Medical Problems: Chron, c wonst policy Colectory Stricture Sm bowel & Com	nection)
	Current Medications: Pen VIC 5000 QID Cola (a 7 gd Silven FRP Mulancial Topica BID Mental Health History: 12 Yes Mental	So State.
	Pending Appointments: Yes Vo No:	
	Routine Chest X-Ray: Yes No	
/ / / [CBC, RBS, RPR & BMP/8 - Drawn today. Urinalysis Specimen Obtained today.	A. Day MT (40 Tech)
	Oriented to Medical Procedures/c; given. 🗆 Yes 🗆 No	
	Inmate's Signature: Aung Odd	[00026]



VIRGINIA DEPARTMENT OF CORRECTIONS
Complaint and Treatment Form (DOC 711)

Effective Date: Operating Procedure# 718_2

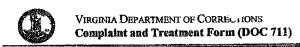
Commonwealth of Virginia Department of Corrections

Complaint and Treatment Form (DOC 711)

Complaint and Treatment	Signature and Title
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Classification . Shelman Fre	Her 8-220
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(2) Colece roing the Sx 2 mbs	
	CTO MEDICAL FOR CLASSIFICATION 98' 116175 64 30 Classification Desire classification (Confidence of the Valance of the Val



Facility:	Meckleriburg Correctional Center	
Offender Name:	DELANEY GEORGE	Number: 374390
-	Lgd First	
Date/Time	Complaint and Treatment	Signature and Title
8/28/0	7 7) BTC SEE 8/22/07	, , , , , , , , , , , , , , , , , , , ,
Mag	1) 7-986 P-G4 B-16 13/2 113/6	3 ADLE
8-28	of State that he got	
	and AC Ding al	2
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	2	
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		11
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8-29-07 22	1 The transfer of the second	
	a) rectum due to diet problems.	
	6- V/S BP 120/68 P70-R-4	
	Im presents top execution of rectum	
	due to bushing on bestim - Rectal	
	due to busning on beetun - Rectal	
	area shows slight swelling to only.	
	morganal estheona en one such	
	acte of 8-25-07 re-corned to Kilchen	
	copy from to I/m	
	I - Per nunan quedalores vasiline	
	tupes (3) want to the for pelist	
	Defeculor Suggested E/4 & medica	<i>P</i>
	if problem continues	Asheus h
		[00028]



Facility:	Mecklerburg Connectional Center	
Offender Name:	Deloney George First	Number: 374796
Date/Time	Complaint and Treatment	Signature and Title
9/7/02	1) Ele Swelly Jam	
777	RIL area ORE! 8/25	67-3/25/07
	0) 7-98 P- 65 K- 16	
	1 PM 115/66 Dasat-971	
	8/1-10/66 CMS ac. 1/1	200
	T) 1. Keep to 170	4 Sheet
9-12-07	For Hy on Metal pain	
	and Swelling B R-18	7-974
	P 60 BP 99/60	(Suma)
9-12-0		000
7-72-0		-0
	Stater Chat he is great	7
	and tetter - has no	
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	howet a refell on	
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	Junet - Rotall	
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	9/12/07 Made to MAR	Bronzing
. / . 1	THYOL NOW WHOLE	The state of the s
9/27/0	7 Mm is the known	
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	You for 1/days mot	<u> </u>
	Booking to there	All
	State of the state	
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	funda tryni	Jucour KI
		1
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/		
/		[00029]

Commonwealth of Virginia Department of Corrections

DOP 719

Attachment #1 (Revised: 10/06)

Medical Transfer Comments

Name: Delanus, george		Number: 37.4390	
Date: 9-38-07		DNA: 8.29.07	
Allergies: NKDA - 60		T/D: 0-22-07	
000.		PPD: Chx past (4) A	E-1x 19
Med. Code: A-12			
Loc. Code: B-1		CRX:	
MH. Code:		Last Physical: 8-22-5	/
Comments: Dental code Currently on following De Of pasta, potato, rice ar	et- give to	una fish, Chicken any kin	9
OF pasta, porato, ITE a	M I M		
Colities and Suppl	i: total co	rectorny due to who	exatin
	111111111111111111111111111111111111111		
Current Medications	Date	Current Medications	Date
1. EST IT TID PEN (9-12+07	10-12-01 6.	was using stack	
2.	7.	, 0	
3	8.		
4			
	9.		
5. 9	10		
5. Ensure 28 Can	10		
ansure 28 Can	10.		
5. Insure 28 Can Pending Appointments, Prosthesis on order,	10.		
ansure 28 Can	etc.:		
ansure 28/20	10. etc.:	Signed: 2. adams	

Facility: Mecklenburg Correctional Center
Phone Number & Ext.: 434-738-6114 Exti3/12/3

Name

Title

	VIRGINIA DEPARTMENT (Intrasystem Transfo DOC Form 726-B)		s view		Operating Proceds	719	Effective Date: September 2004 Attachment 2
	Inmate Name		1	Inmate l	Number		Date
	n		701300		PO-86-P		
Delar	Received At	0.		374390 Receive	d From		Allergies
						. (. U 00 -
	Medical Code		<u> </u>	Togetic	on Code		KDA Mental Health Code
	Medical Code			Locatio	in Couc		
•	A-12			B-1	i		<u> </u>
L	ast PPD (Date and Resu	lts)	Date	e of last Tet	anus diphtheria	Vest .	DNA Drawn No: Date & & などり
Pa	5TD (198	ζ_{H}	,	B-33-C	7	1001 32	
		a:	,		Sne	ecial Diet	
Temperatu	VITAI	Signs : BO	Respiration:	18	Yes:N	lo:	Olah-Orlaken-PROTO.
1 Cimperatu					,		Date:
Weight: 1	My 163 Blood pr	essure: 156	0/07 to	4 7/10	Type:		
DOF		HAL	75.00.0°		<u> </u>		
			C	urrent M	ledications		
	Drug		Amount Sent		.Drug		Amount Sent
1. Fat	a- \	Ø			6.		
2. ENO	JRC	2800	Can				
3.					7.		
4.		<u> </u>		<u>-</u>	8.		
Current	Medical/Dental P	roblems:	alocto	omeg -			
1. Ar	Health problems: ny current M. H. Complain ny history of Substance Ab ny history of Treatment?	use? <u>42</u> 5	Men 1 2 3 4 5	. Present . Observe Aggressi . History . History	th Screening: Suicidal Ideations? d Symptoms of Psychosis? ion? of Suicidal Behavior? of Inpatient/outpatient freat Mental Health Treatment?	iment?	ression?; Anxiety?; or
	Appointments: ~		nD.			1	
Overall (Comments: (i.e ge	neral appeara	nces& behavior	, physical de	formities, abuse, trauma, et	C.) -A & B	- COOM - COO parallia
01000	10000mes 2-			•			
1 Children	The coop is						

Referral for Emergency Treatment: _ Nurse Signature/Date: Medical Handout Orientation Issued: __ Dental Hygiene Handout Issued: ____ [00031] 1 of 1

Medical Disposition of Inmate:

General Population: _____ GP with MH Referral: _____

(Name of QMHP notified)

Emergency referral for MH Care: __



VIRGINIA DEPARTMENT OF COL Complaint and Treatment I

ions in (DOC 711) Effective Date: Operating Procedure# 718_2

Commonwealth of Virginia Department of Corrections

Complaint and Treatment Form (DOC 711)

Inmate Name_Dou	anau George Inmate N	lumber	37439O	
Last	First			
				
Institution/Date/Time	Complaint and Treatment	Sig	nature and Title	
LCC Q- <u>გ</u> & ሪ ባ	C: Intake to LCC			
1450	O: See Intrasystem Transfer Form			
	I: Chronic Care Nurse Referral - (ves) no			
	MD Appointment (yes no 10 - 8 - 0	7		
	Sick Call Appointment yes no			
	Psychology Referral yes (no)			
	Orientation Packet Given (yes) no			
	Viewed Health Eating Video (yes) no			
	Medication (yes) no			
	- Orders: (Medications Placed on NOS) no		.0.	JEN
, (D Enouse- I can Bid- X 30 day	3 -	(magazin	ðn
	DEST 2 TABS- Tid- PRO-X 3	' .	8-10,001h	
			C	
	Bottom Bump - X 30 days	5) -	MO11	
	voi Orail P. Traculae 100	$\supset \not \downarrow \not$	Chair	m)
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(-8-07 -	at Howster. I) MD appt school alog . IIM of abord and informed to put ill BN contines.	ŔŒV.	INCOMES !	ン・Mi Air
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	illed BM continues 0.	W HW	aws low	

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Revision Date

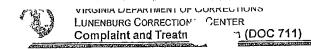


VIRGINIA DEPARTMENT OI .ONS
Complaint and Treatment roum (DOC 711)

Facility:	Lienanbierry (moetiano (pulor	
		Gertac	Number: 3	14390
Offender Name:	Dolonoe	First		a midio
Date/Time	Compla	int and Treatment	Signature	and little
9-30-07	D I domous	Micrould toll	vival	lari
121	rit his rooms	east for Motamus	eil. (Soc 920	101
	Greenes Charle	ing).	WY will Discou	00
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BD 194185	Chipa chas	In comfort		
D. 72	States H	fat 8m 1 15	x early.	
R 18	Demes Fer	ver, vomiting o	OC - coment	now loss.
T: 972	Abdomna	C Jam Bowe	C foreguency	
	2. //ve ea	Fing Tuna Fish	only'	
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Priseling	any vegetable	es at acc. Ensure approves for n	a but ha Thomas	ion(2003)
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on 08-14-07	1 Can 2 Rat	1 see contra	arrever	
	the dust quien	me around; refe	renning to	
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	anothers fac	Lity " based	rn ruj	
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	3. States that	my Rectum h	astreen	
	swollen x R	and since I were	. I was infor	ener/nistruster
	and metamuc		11	
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113	igntal Rectal	Exam for in by my surgeons	1100	[00033]
	one Thou	of my sond		2 12 2 12 7

VIRGINIA DEPARTMENT OF COI S
Complaint and Treatment Form (CC 711)

Facility:	Lunenberg Correctional C	enter
Offender Name:	Defancy George	Number: 374390.
Date/Time	Complaint and Treatment	Signature and Title
10-08-200		
l	Of well-dev. Axox3, AVS	P
	/ Wt 1 8 lbs noted, Comfortak	
	Holfale. Anicterie Hyperati	ř I
	good. Ambulant & steady	
	Egait.	
	HEENTE Neck : - Ihmmeman Kas	le
	Chest - Lungs CTA(B)	
	CM-RRR-53 2 M 5 (m)	·
	April - Not diotender, well	
	healer ant abdominal old	1
	Sungical Scare, soft, Nonte	
	B Masses: BSA	-4
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···	nefused DRE and orif	ke is Not
	dry 5 any lesion, and you	Freueron, 6 lood
	beld on homo-rehords on	
	evidence of bleeding ?	x6-Bedema & chi
	At 1. Ulcerative a Citis sp	& Colectony;
	If chricalin stable 2	vitto /
	There is Ino medical midical	ing m the syst
	There is Ino medical more	Hwo for
·	Ensure or Bottom Gunt	at the present
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	up at higher level sm	1 FA1
	was "approved by Richmon	
martinos	2. Me Homicot 1 packet/S	KOOD PIGE HOD
più MS -		0 × 900 mgs
	3- RITC-PRN	APP Com
		geoman, mo
	noted Philohough. 10-8-07-1448	
		[00034]



Effective Date: January 16, 2006 *ting Procedure 718 Attachment 2

Commonwealth of Virginia Department of Corrections

Complaint and Treatment Form (DOC 711)

Institution/Date/Time	AN MILLON Complaint and Treatment	Signature and Title
LCC/ 1/8-17	lace as I section (situate to and)	
Allergies:	S: (chief complaint) 47 y/m 157 S/P Ulcere a two Colita	S/P Colectory
NICPOT	s: (chief complaint) 47 y/o, 0, S/F // cere at we Colifticher 1947: 40 At Lommal Paris, in fermillen	t, colicky.
PMHx:)	Lowel mout, has inchessed a tol som	2003.0
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We 3013	NEURO:	
	WNL ABNL HEENT:	
	NECK:	
MHHx:	WNL ABNL LUNGS:	·
	WNL ABNL HEART:	
	WNL ABNL	tenden borbor
	GU: ABNL ABNL ABNL ABNL ABNL ABNL ABNL ABNL	WWW OIL HORDORDORD
	GENITALSVA	
	WNL / ABNL	
	EXTREMETIES: WNL ABNL	
	DRE: NAT ABNE	CONTRACTOR CONTRACTOR OF THE CONTRACTOR OF
	A: General Condition Good Grair Poor	0
	- hls Ulcentive Colitis & Total Co	tectomy,
	assoc with partial tower state	ruetion 20 I fred
e. e. e.	P: 1. GI Consult; evaluate for	-Needs
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		1. 7/1/A ~ b
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	transfer to LCC. He is Still symp	
	chilos &	
	2. Drefary Courselling done 20	Die tarry
t	m'discretito ; entra alle types of	Food from the

	EPARTMENT OF COK. S and Treatment Form (LOC 711)	Operati	Effective Date: June 1, 200 ang Procedure #720.1 Attachment #
Facility:	Punerburg Con	roctional (-cinter
Offender Name:	Melaney Con	roctional (George First	Number: 374390
Date/Time	Complaint and '		Signature and Title
LCC 1700	C) Segregation asse	ssmert	
11-8-07	0) V5 118/80, T971	6°, P78, R16,	
	C) Segregation asse 0) V5/118/80, T97.1 Pox 97%. No sky	i empairments i	94
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VIRGINIA DEPARTMENT OF CORK Complaint and Treatment Form (200711)

Facility:	Lunenburg Correctional Centen
Offender Name:	Delaney George Number: 374390 Last First
Date/Time	Complaint and Treatment Signature and Title
11-09-201	7 MD Raview! Diet Order
9:00An	
	abusing "Special Diet order"
	has been extrag whatever
	he depires; confirmed by recent
	Dinning Hah Cactuity and Commissary
	List() his manipulative behavior
	was brought to his affection of
,	yesterdards visit by myseffand
	Mrs. Graham. His clinical
, .	condition at this time does not
	warrant ony special Diet-
	That is, Special Det or Ensure
	is Not medically indication.
	Plan: 10 D/C Special Diet, order
	2. Mr. Delanent is advised to
	avoid whatever food items is not
	good for his bowels; as he has
	Suffered from Bowl Consifion for
	>10 years and knows this food
	Hemp he doepn't to Cereate well.
	A Char MO
,	
1-9-07	C) Emergency Briwance
1345	O C/o not recieving medications.
	I). I/M was on self-medication and
	has been changed to be given by muse.
1	(c) Male
IUD CAN	97 480 Drue completed - LPShoop cottet
1.12. 00.00	

	VIRGINIA DEPARTMEN' Complaint and Treat	r of CORE. S ment Form (LOC 711)	01	perating Proc	Effective D edure #720.1	Date: June 1, 2007 Attachment #1
Facility: Offender N	\smile	Salve Sast	mectional		1000 1ber: 374	390.
Date	Time	Complaint and			Signature	and Title
11-14-7		anemi - Truth - Rol.			·	
1183-		me source (allement	ical comme Dasi	- (26,0	and Trees	190
ACC 142/96 W7-1	11/4/01 C). 176. Ves 600. 176. Ves 600. 176. 170. 170. 170. 170. 170. 170. 170. 170		hike. bein Ulry re and oble Sqt. Hust n Ulry Co- al Staff a lecourage Cudy C	e-	larely	M.
	4-07 () Eme	rgency Grevance	0			
1715	() els	mate Registering MD dft his Ne est order and Co social Clief	his Operation 6	penion		
	- H.	MD aft his /le	cent wouse of	nia		
	aig	of proces who can	insequent is	0		
	7)/	minimized Pege	min to MD -		Oghur	رس
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	/ /			1		[_0003\$]

VIRGINIA DEPARTMENT OF CORK S Complaint and Treatment Form (JC 711)	Effective Date: June 1, 2007 Operating Procedure #720.1 Attachment #1
Facility: JuneNburg Correction	al Center
Offender Name: DELANEY GEORGE	Number: 374390
Zast Tust	Signature and Title
Date/Time Complaint and Treatment	Signature and Title
200 11-15-07 C) HUNGER STRIKE	
0440 O) WAS INFORMED BY	
THAT HE WAS ON HO	1
STRIKE - REQUESTED AN	<u> </u>
METAMUCIC - INFORMED	OFF.
LEWIS ABOUT HUNGERSTRI	
SGTS WALTON AND THOMPS	
INMATE TO BE OFFERED	
WILL CONTINUE TO OBSERUC	
- Ah	enterian.
0	
XCC11-15-01 Jared Prenesto MC	() PA
10:40am for 67 purger Consul	t- Kopet MA
1 CC	
11-15-DF VAhd XRay: Erect an	id Sypine
19.30Am no Am, Same File	ons for
Voer med Hor. G/ 8	surgery
appt.	V of
OU A	Shew, mes
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VIRGINIA DEPARTMENT OF CORR. S
Complaint and Treatment Form (LOC 711)

Facility:)	(possitional (entor	•
Offender Name:	DELANEY	Correctional C		374390
	L#31	First		
Date/Time	1 7	laint and Treatment	Signatu	re and Title
LCC	C) HUNGER		· ·	
11-14-07	O) INMATE	ESCURTED TO SCALE		
0430		HOMPSON - WEIGHS 172	165	
	1 1 .	TO REFUSE FOUR -		
	I) WILL COR	TINUE TO MONITOR -	_	
		- Shoutes ion		
1/100 11:00	1	5/ 50000		
XCC 11-15-01	yaved pro	nes to meu fur y consultappt	1-20	2 21/
11:45am	16T Sunger	y Corsult appt	14 Spet	
			· · · · · · · · · · · · · · · · · · ·	
LCC 11-16-07	Medical Committee	Meeting regarding		
12:00	Modified "Hum	ger Strike" by inmate.		
	Captain Anderson, Sq	t. Harte, ANGraham, Major		
	LAbriola HSA GARY	Graham, MD Paul Ohai,		
	Senior Rychologia	+ Lee, DON Short All		
		ter thorough review of		
		of discussion of INS		
		discussed. Indication		
	tor special diet	discussed. Upon		
		will be sent to GI		
	in specialist to	determine Current Status	· •	
. 0	+ UC 9 Needs	For special diet. Until		
A	ppt. IM WILL K	De given A low-residu	<u>e</u>	
<u> </u>	fiet. DON Shor	of Will provide information	N'	
tz	tood service re	egardina A low-residue	2	
<i>d</i>	iet until DOC D	iletitician CAN direct	γ	
9	nis ettort, expec	ted Next week. Thereaf	ter,	
	he DOC Dietifici	an CAN direct food serv	ice 1 th	1
IN.	1 preparation à	of A low reidue diet.	Meson	ther, porosi



VIRGINIA DEPARTMENT OF C S
Complaint and Treatment Form (200711)

Facility:	LUNEABURG (Breetignal Center	
Offender Name:	DelAney George	Number: 374390
	Last First	
Date/Time	Complaint and Treatment	Signature and Title
LCC 11-16-07	Medical Notified I'M refused low	
1:00p	residue diet lunch tray offered to	
	him, which makes his 9th Ponsecution	·
	missed meal. Medical to send MD	
	to SEG for physical exam & collecto	
	of labs (initial hunger strike). Will	
	Continue to monitor	Striken, Don
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, .		
		:
		·
		r



Effective Date: January 16, 2006
Persating Procedure 718 Attachment 2

Commonwealth of Virginia Department of Corrections

Complaint and Treatment Form (DOC 711)

Inmate Name: Delawey George Inmate Number: 374390	
Last First /	
Institution/Date/Time Complaint and Treatment Signature and Ti	
LCC1 11-16-2007 47 1/0, O = 4/0 U/cerative Colitis & GI Surge	Ry-
Allergles: All M S: (chief complaint) April, 1998. Declared Hunger	0
Strike 3 days. Demes Bowel mort on Strike demone)
PMHx: with Abdummed wifered out of h CC. with	
0: T.97. HR:58 RR: Wt: BP: 150/15/SS MAD 99 % BOXENS	
NEURO: Talkature, comfortable, Agon RA Toshint	remasket
HEENT: Not fale American Socks	
MHX: MHO MHI MH2 NECK: Show Tungon - wn/ Nandeuffs	hors
LUNGS: Legirons	
HEART: WOULD BU	Whom
ABDIGI: Abdomen is soft, NT, & Masses leg inco	ms ins
GU:	0 3 (00)
GENITALS: N/A	
EXTREMETIES:	
DRE: W/A	
WNL ABNL	
A: General Condition SGood	
Who Ulcerative Colifis /p Abdomial	
Surgery, 2 funger strike continues en de	tion of
P: 1 medically -c	'linicall
moreated fow Residual Diet is	
beme offered to him oww. He understames	
thit but still "want to be transferred	
out of this facility "He is a a whole "he st	atred
Chaun & sent 1. S CBC S CMP and Separalysis.	
to the MD RTC - as pen protocolly.	
noted Phelehanian-11-110-07 1530 Flohan mo	46/061



VIRGINIA DEPARTMENT OF (CTIONS Complaint and Treatment 2 of m (DOC 711)

Effective Date: June 1, 2007 Operating Procedure #720.1 Attachment #1

Revision Date: 2/23/07

Facility:	Lune	nburg Correctional Co	enter				
Offender Name: Delaney		G	eorge]	Number: 374	390	
		Last		First			
Date/Tim	e	Com	plaint and	Treatment		Signatur	e and Title
		C: Hunger Strike N					
		O: Weight -	Loured	2			·
		Skin Turgor - 7	& Den	teina re	stell.	····	
		1/m rope	Dog I	20 spende	and		
		Doel io moc	D. OR	ficer of	acted		
		In look	Vort B	my Roe	^		
		gleing c	utalu	2.1 mg more	vol One	rund	
		lu bod !	but)	ceounder	U DU	$\overline{}$	
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VIRGINIA DEPARTMENT OF CC TIONS

Complaint and Treatment F. at (DOC 711)

Facility:	Lunenburg Correctional Ce	enburg Correctional Center				
Offender Name: Delaney		George	Number: 374390			
_	Last	First				
Date/Time	Com	plaint and Treatment	Signature and Title			
11-17-7	C: Hunger Strike N	ledical Evaluation				
la50	O: Weight - Roll	Orace.				
			in several pack whose ni			
skin chookal	(C.O.s toport	Im how refuse	Day tood intoko			
for turgor	today and	are not aurono What	Tan how received			
Ferchomb,	· •	tako ushilo in his coll				
Storocom -	got of how be	euk, Ho operios his	souper asker			
E) have	Et. Sawlard	was in cell and askin	re constitues III,			
	Whow Lt Sou	Ford injurnal I'm	Both His 700			
	was hore to	House VS, I'm o	naldon "no"			
	by moving h	. Atroja Joseph Casson	I'M refunded			
	to orthory a		pook to this TEN.			
	I) Continua	to Adoustor. —	N. D. Mians RD			
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VIRGINIA DEPARTMENT G RECTIONS

Complaint and Treatment Form (DOC 711)

Facility: Lune	enburg Correctional Center	
Offender Name: Dela	ney George	Number: 374390
	Last First	
Date/Time	Complaint and Treatment	Signature and Title
LCC 10-17-07	C: Hunger Strike Medical Evaluation	
0435	O: Weight - 169 4/	
	Skin Turgor - FAIR	
	INMATE HAS STEADY GAIT -	
	TNMATE HAS STEADY GAIT	4
	ALERT ANT DRIENTED - CONTINUES TO	
	REFUSE FOUR - ESCORTED BY SBTS. THOMPSO	N+WACTON-
	1: WILL CONTINUE TO MONTOR -	
· · · · · · · · · · · · · · · · · · ·	Shootes UPN	
	O .	
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VIRGINIA DEPARTMENT OF COR: ONS Complaint and Treatment Form (DOC 711)

Facility:	Luner	nburg Correctional Cer	nter		
Offender Name:	Delan	ey	George	Number:	374390
Last			First		
Date/Time	e	Comp	laint and Treatment	Sign	ature and Title
		C: Hunger Strike M			
	•	O: Weight - \ 08	5		
	····	Skin Turgor -	Cin		
		"Im Steeled	he was no	ot going	
		to eat o		Cival	
		he "don't	like water"	and tue	1
		are not give	eng him the"	ght diet. C) X3. & Ams.
		1m @ me	tamucil and	ofter	
		of H2O d	It above sta	tement.	
		Placed 2	emergency (grievence	
,		in and as	ted to Mant	and. MUSE	
		Short RN not	1	11	Chaleson you
	 -	1: Will Co	ntique to ma	WILLER !	Cyclical 111
					\
					-
					
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VIRGINIA DEPARTMENT OF CO CIONS

Complaint and Treatment & Or and (DOC 711)

 $Effective\ Date:\ June\ 1,\ 2007\\ O_{P--4}ting\ Procedure\ \#720.1 \qquad Attachment\ \#1$

Facinity: Lune	enburg Correctional Center		
Offender Name: Dela	ney	George	Number: 374390
	Last	First	
Date/Time	Complaint a	nd Treatment	Signature and Title
LCC 11/18/07	C: Hunger Strike Medical	Evaluation	
0500	O: Weight - Refux	ed	
	Skin Turgor - Ø d	ixcoloration.	
	noted I/M	lying in bed	
	on R) side	2. Refuses to	
	respond to	any verbal	
	Stimuli. NOT	ted Souttocks	
	a moving and	d back Moving)
	up and a	inno. Apporari	
	in NO dus	stress (a) this	
· · · · · · · · · · · · · · · · · · ·		Wes V/s	
	T: Will contin	nue to monitor.	Wicklever, in
LOC 11-18-07	C) Roport from C	Look = NI I NO .O.	
1015	O) Lt Southand M	^	\$10
	at 1015 That ha		Va
	ao min cenuerso		onoot
	from 0938-101	20 during while	
	Dolanes = poko f	, , , , , , , , , , , , , , , , , , , ,	lly Closorty
	and without al	ap = s ien yesio	10 '
	to Lt. Soundford		
	Thought and for	2 - V 1 - V	Sandford,
<u> </u>		lis Eyes Quring	
	47me and evidou		
	exprossing his via		
		Ocoten was naco	
	I) Continuo Yellino	vidor l	Dillous la
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VIRGINIA DEPARTMENT OF Complaint and Treatme.

ECTIONS m (DOC 711)

Effective Date: June 1, 2007 Operating Procedure #720.1 Attachment #1

Facility: Lun	enburg Correctional Cer	nter	
Offender Name: Dela	aney	George	Number: 374390
	Last	First	
Date/Time_	Comp	laint and Treatment	Signature and Title
LCC 11-19-07	C: Hunger Strike M		
05/0	O: Weight - Offic	e Boose told I/m he wood	uld get weight later in the
	Skin Turgor -	Signs of distress, was	m
	dry and in	tact. 15-BP/10/12	
	POY 99 P7	6 R18.	
	1: 14/ill Motion	we to monitor:	A. Simon LPN
100 10 10 7	· ·	_	M: 1000 W/D, -1
11-19-07 0922	, , , , , , , , , , , , , , , , , , , ,	ts IM is experiencing demands medical tx.	
0-122	<u> </u>		
		simmate a daily hunge	
	Strike monit		A
		ted sympton deeme	
	1 ' 13	it; dizziness to be	arthafor on
	ASSESSED W	ith daily movitoring -	- Springer
LCC 11-19-07	c) Ms. Lee, psy	ichology, reports IM	
0930	States havi	ng rectal bleeding	•
	0) Will Asses	s immate c daily	3
	hunger strike	e monitoring.	
	I) Noted repo	orted symptom deer	neo
	Non-emergen	it: rectal bleedingst	
	be Assessed	d with daily monitoria	a TRN, Dor
LCC 11-20-07	C) Emergency C	Meiance received	
2145	O) Offender of	o food Service not Sur Nect diet	rding
	him his ca	uect diet	U
	1) Offender a	wave by response 4	had
	medicae for	met their obligation	Sov
	his low re	side diet and his	Concerns o
	heed to be	addressed to Food	Service - G. Oghera O



VIRGINIA DEPARTMENT OF COP .ONS
Complaint and Treatment Form (DOC 711)

Facility:	LUNE	ENBURG CORRECTIONAL CENTER	
Offender Name:	<u>Î</u>	Jelaney George	Number: <u>374390</u>
Date/Time		Complaint and Treatment	Signature and Title
11-20-07		C) Emergency Brievance	
2355		0) C/O unable to have bowel movenes	<i>}</i>
		or pass gas.	
		I) Building called 2 instructions to	
		ask Dim if he wanted a	
		laxative to assist & bowel move	ment.
		I'm refused offer of a laxabive	
		per building afficer	lkeld
		1 2	
Lee o	0430	C) RECEIVED REPORT IMAGE WAS GOING	
11-21-07		TO RESUME HUNGER STRIKE -	
		O) UPON ARRIVAL TO SEG, INMATE	
		STATED THAT HE WAS NOT ON A	
		HUNGER STRIKE - TOLERATED MED	
		5 DIFFICULTY - GO STOMACH Bri	0
		I WILL CONTINUE TO OBSENE -	-
		5 DIFFICULTY - C/O STOMACH PAINT) WILL CONTINUE TO OBSERVE -	
11-22-7 04	+55	() Emergence I rievence	
	•	C) Emergence 2) rievence O) C/o poissing lg. churchs of food theod, y abd, pain.	
		lood a blood & abd pain.	
		I/M stated he has to his	
		hinself in the both to help	
		more his bornels.	
		I) Ninse Paull could not conf	l man
		J) Ninse Paull could not conf blood in the 1/m Bom due to	
		it in all a in the	
		of toilet, Blied roted on	
		of toilet, Blied roted on toilet paper smanut. O dist inted Will continue to month	res
		noted guill continue to mould	a Paullen